

Printing Services Work Request

(Please fill in all the APPLICABLE SHADED areas. This request MUST HAVE AN ACCOUNT NO. or chargeable person with SSN and an AUTHORIZATION SIGNATURE at the time of submission. Use only BLACK ink. RETAIN the LAST (goldenrod) COPY for your records.)

Job No.:		Doc. No.:		Acct. No. Printing: (SSN if bill or cash)		Prep			Emp	Time	Date completed	
Submitted by:		Phone:		Acct. No. Postal:		Typesetting						
Department:		Job Description:				Layout/Paste-up						
Date Rec. Graphics:		Due Date (NO ASAP):		Deliver to:		Copier <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Date completed:			Initial:	Time:		
AUTHORIZATION TO PRINT: I authorize the printing of the material herein requested, and further certify that I hold authorization to reproduce/print any copyrighted material included in this work request. (must be signed) <input checked="" type="checkbox"/> _____ Date _____						No. Originals: No. Make-readies: <input type="checkbox"/> One-sided <input type="checkbox"/> Two-sided No. Ups:						
						Total Impressions: (8.5x11) (8.5x14) (11x17)						
						Impressions (Color): Black Red Green Blue						
						<input type="checkbox"/> Check here if less than 10 copies per original.						
Materials	No. Originals (pages):		No. Copies Desired:		<input type="checkbox"/> One-sided <input type="checkbox"/> Two-sided		Booklets			No. Booklets: No. Staples: No. Booklets Per Minute:		
	Paper:	Stock	Size/Weight		Color		Bindery			Date Completed:		
	Cover Stock:	Stock	Size/Weight		Color		Collate: <input type="checkbox"/> Hand <input type="checkbox"/> Machine			Emp	Time	
	Envelopes:	Stock	Size/Weight		Color		Staple: <input type="checkbox"/> Hand <input type="checkbox"/> Machine <input type="checkbox"/> Saddle			Emp	Time	
	Ink:	1st color	2nd color				Bind: <input type="checkbox"/> GBC <input type="checkbox"/> Velo			Emp	Time	
						Fold: <input type="checkbox"/> Hand <input type="checkbox"/> Machine			Emp	Time	Emp	Time
						<input type="checkbox"/> Drill holes <input type="checkbox"/> Perforate <input type="checkbox"/> Count			Emp	Time	Emp	Time
						<input type="checkbox"/> Cut/Trim <input type="checkbox"/> Pad <input type="checkbox"/> Label <input type="checkbox"/> Tab			Emp	Time	Emp	Time
<input type="checkbox"/> Typesetting If disk is provided give file name & program used: _____						Mail Zip: No. pieces: Insert: No. pieces:						
						Permit #: Piece. Wt: No. pieces: Rate:						
Bindery	<input type="checkbox"/> Collate		Staple: <input type="checkbox"/> Top <input type="checkbox"/> 2/side <input type="checkbox"/> Saddle, no. staples _____				Materials					
	Bind with: <input type="checkbox"/> GBC <input type="checkbox"/> Velobind		Color: _____		Where bound: <input type="checkbox"/> Top <input type="checkbox"/> Side		Stock: Color: Type/Weight: Size: Qty:					
	Fold: <input type="checkbox"/> Letter <input type="checkbox"/> Half <input type="checkbox"/> Accordion / 'Z'		Fold with print: <input type="checkbox"/> Outside <input type="checkbox"/> Inside				Envelopes: Color: Type/Weight: Size: Qty:					
	<input type="checkbox"/> Insert		<input type="checkbox"/> Cut/trim to size: _____		<input type="checkbox"/> Perforate							
	Drill holes: <input type="checkbox"/> Top <input type="checkbox"/> Side		Number holes: _____		Size: _____							
	Pad: <input type="checkbox"/> Top <input type="checkbox"/> Side		Number of sheets per pad: _____				Bindings: <input type="checkbox"/> GBC <input type="checkbox"/> Velobind <input type="checkbox"/> Tape Size: Quantity:					
Labels: <input type="checkbox"/> Provided <input type="checkbox"/> Cheshire <input type="checkbox"/> Sticky No. labels: _____						Labels: <input type="checkbox"/> Sticky <input type="checkbox"/> Cheshire Quantity: Tabs: Quantity:						
Mail: <input type="checkbox"/> 1st class <input type="checkbox"/> 3rd class <input type="checkbox"/> Campus <input type="checkbox"/> Distribution: _____						Miscellaneous:						
Special instructions: _____												
Proof: 1st date out: _____ 2nd date out: _____												
Date job sent: _____ Initials: _____												
Sent to: _____ By: _____ <input type="checkbox"/> Pick-up						Purchase Order:			Printing Charges:			
									Postal Charges:			
									Vendor Charges:			
									Total Charges:			